

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7716**BIRTH NO. 12122-570 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 308

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location) 3513 1/2 St. Joseph, Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Edward c. (Last) Hoenike		4. DATE OF DEATH (Month) (Day) (Year) March 8, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH March 8, 1950
9. AGE (In years last birthday) 5		10. UNDER 1 YEAR Months 5 Days 14	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert Hoenike		13b. MOTHER'S MAIDEN NAME Dorothy Mae Spaulding	
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ---	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Robert Hoenike - St. Joseph, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity. ANTECEDENT CAUSES Cause unknown Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) --- DUE TO (c) --- II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION ---		19b. MAJOR FINDINGS OF OPERATION ---	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 776x	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ---		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ---		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ---	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? ---	
22. I hereby certify that I attended the deceased from <u>8 March, 1950</u> , to <u>8 March, 1950</u> , that I last saw the deceased alive on <u>8 March, 1950</u> , and that death occurred at <u>10:45 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Dorothy Hoenike (Degree or title) MD		23b. ADDRESS 405 1/2 S. Blvd. St. Joseph, Mo.	
23c. DATE SIGNED 8 March 50		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE March 9, 1950		24c. NAME OF CEMETERY OR CREMATORY Falls City, Nebraska	
24d. LOCATION (City, town, or county) (State) ---		25. FUNERAL DIRECTOR'S SIGNATURE Stamey Funeral Home ADDRESS St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. Mar 18, 1950		REGISTRAR'S SIGNATURE G. B. Jenkins	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Charles B. Bennett

Licensed Embalmer No. *2677*

P. O. Address *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.